

1 10A NCAC 13P .0401 is proposed for amendment as follows:

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3 **10A NCAC 13P .0401 COMPONENTS OF MEDICAL OVERSIGHT FOR EMS SYSTEMS**

4 Each EMS System ~~operating within the scope of practice for EMD, EMT I, or EMT P or seeking designation as a~~
5 ~~Model EMS System~~ shall have the following components in place to assure medical oversight of the system:

- 6 (1) a medical director for adult and pediatric patients appointed, either directly or by documented
7 delegation, by the county responsible for establishing the EMS System. Systems may elect to
8 appoint one or more assistant medical directors.
- 9 (a) For EMS Systems, the medical director and assistant medical directors shall meet the
10 criteria as defined in the "North Carolina College of Emergency Physicians: Standards
11 for Medical Oversight and Data Collection," incorporated by reference in accordance
12 with G.S. 150B-21.6, including subsequent amendments and editions. This document is
13 available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-
14 2707, at no cost; and
- 15 (b) For Model EMS Systems, the medical director and assistant medical directors shall also
16 meet the additional criteria for medical directors of Model EMS Systems as defined in the
17 "North Carolina College of Emergency Physicians: Standards for Medical Oversight and
18 Data Collection," incorporated by reference in accordance with G.S. 150B-21.6,
19 including subsequent amendments and editions. This document is available from the
20 OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost;
- 21 (2) written treatment protocols for adult and pediatric patients for use by EMS personnel;
- 22 (3) for systems providing EMD service, an EMDPRS approved by the medical director;
- 23 (4) an EMS Peer Review Committee; and
- 24 (5) written procedures for use by EMS personnel to obtain on-line medical direction. On-line medical
25 direction shall:
- 26 (a) be restricted to medical orders that fall within the scope of practice of the EMS personnel
27 and within the scope of approved system treatment protocols;
- 28 (b) be provided only by a physician, MICN, EMS-NP, or EMS-PA. Only physicians may
29 deviate from written treatment protocols; and
- 30 (c) be provided by a system of two-way voice communication that can be maintained
31 throughout the treatment and disposition of the patient.

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33 *History Note: Authority G.S. 143-508(b); 143-509(12);*
34 *Temporary Adoption Eff. January 1, 2002;*
35 *Eff. April 1, 2003;*
36 *Amended Eff. January 1, 2009; January 1, 2004.*